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STATE OF MARYLAND 1 PLACE OF DEATH 3851 CERTIFICATE OF DEATH Registered No. 253 ilf death occurred in St ;.....Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, Maxmed WIDOWED. ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH March 15 1912 to March 15 1913. Russian, that I last saw how allve on Tyanch 15 1913 (Day) If LESS than and that death occurred on the date stated above, at ... J 1 dayhrs. The CAUSE OF DEATH* was as follows: mos. OR mln. ? BOCCUPATION Interstated neckontes (a) Trade, profession, or particular kind of work ... (b) General nature of Industry. business, or establishment in (Duration) / yrs. — mos. which employed (or employer) Contributory Asters - selevans 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER March 16,1913 (Address) Courselos 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) State yrs, ____ mos. ... of death yrs. mos. ds. Where was disease contracted. If not at place of death?.. Former or usual residence..... 9 PLACE OF BURIALOR REMOVAL DATE OF BURIAL umaton 15 20 UNDERTAKER DDRESS Wither REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

who have no occupation whatever, write None. gated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulniaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) L'hysician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be Indl-Never return "Laborer," As examples: For persons "Foreman,"

losis of luc pneumonia"); fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted brospinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSINO DEATH (the primary affection with respect to ("Pneumonia," unqualified, ls indefinite); Tubercuterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonacum, etc.. Lobar pneumonia; Bronchopneumonia fever (never report "Typhold Carcin-

> cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatle), "Atrophy," ample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis, which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Candeath), 29 For VIO-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Day) it LESS than 7 AGE 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory..... 9 SIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State Where was disease contracted. It not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAK

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('na) "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DIRKARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, perilonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrifix nant neoplasms); Measles; Whooping cough; Chronic ture of the American Mcdical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for death), 29 de :: Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1918
BUREAU. V.S.

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1 PLAGE OF DEATH	STATE OF MARYLAND
Lun, Hueso	CERTIFICATE OF DEATH
County	Registered No. 25 1
Village or City Cherch Hell (No. (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME AUMU YV'	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malu White Spingle, Morning Opportunity (Write the word)	16 DATE OF DEATH (Month) (Day) (Yesr) 17 I HEREBY CERTIFY, That I sttended decessed from
6 DATE OF BIRTH Meh (Month) (Day) (Year)	that I last saw h My alive on Meh 164 1913
7 AGE 69 yra. 11 moa. 27 da. OR	and that destit occurred on the date stated above, st
*OCCUPATION (a) Trada, prefassion, or particular kind of work **Soccupation** **Coccupation** **Coccupati	Corcinowaldorder
(b) Ganeral nature of industry, business, or establishment in which employed (or employer)	Contributory O MAR Se
State or country) July Louis Co	(Secondary) (Ogration) yra mos ds.
10 NAME OF Juffece & Coster	(Signed) H. D. M. D. (Addrass) Shock Neel
11 BIRTHPLACE (State or country) Allow Heros Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE X 2 4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) Des Col Pulau 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	of daath yrs mos da. State yrs mos da. Whare was disaasa contracted,
(Informant) Lower of Coto	If not at place et death? Former or usual rasidenca
(Address) Pulmerita Mil	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Plusch Sell Cureling Muscl. 1913. 20 UNDERTAKER ADDRESS
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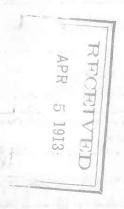
BLAIMEN, MILM CHENCH

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekcepers it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the Disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. chlidbirth or miscarriage, as "Purrperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mails. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 des. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) by carbolic acid—probably suicide. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-The contributory Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the State cause for



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STATE OF MARYLAND 3854 CERTIFICATE OF DEATH Registration Dist. No. 233 Tif death occurred inWard) a hospital or institution. give its NAME Instead of street and number. 1 ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLDROR MARRIED. WIDOWED. (Month) (Day) (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE . 191 (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the of death yrs. mos. .. State yrs. _____mos. Where was disease contracted. If not at place of death? Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER anders ADDRESS REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal duties of the household only (not paid Housekeepers statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scottchacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronicer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



PLACE OF DEATH 3855	STATE OF MARYLAND
Village or City Plat Sudhisvillano.	CERTIFICATE OF DEATH Registration Dist. No. 250 [It death occurred a hospital or instituting give its NAME loster of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, MIDOWED, MIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the WORD) 6 DATE OF BIRTH AMA Mary - , 18578	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased fro 3-23-, 1913, to 3-24-, 1913 that I last saw have alive on 3-24-, 191
7 AGE (Month) (Day) (Year) 11 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 4 P
OCCUPATION (a) Trade, profession, er particular kind of work (b) General nature ef industry, business, or establishmeet in which employed (or employer)	(Duration) yrs mos
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 2 (State or country) 12 MAIDEN NAME OF OF MOTHER 0 F MOTHER	(Signed) (Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER WINE (SI I I I I I I I I I I I I I I I I I I	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE) At place of death
(Address) Judhuville Myl 16 Filed Mar 26, 191.3 R. H. Phillips Becistrar If more blanks are needed, address State Begistr	19 PLACE OF BURIAL OR REMOVAL July 20 UNDERTAKER Mol Address Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1918
BUREAU, v. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

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MARGIN RESERVED

ounty Jule au	3856		OF MARYICATE OF	DEATH
Village or City Cheo	heoge h) avro	Ward)	[If deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERT	FICATE OF DE	ATH
3 SEX 4 COLOR OR RACE Black	SSINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH	(Month)	(Day) , 1913
S DATE OF BIRTH OF MON	Luow,		io	, 191,
almit 34 yrs.	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the The CAUSE OF DEATH* was as	date stated abov	
(e) Trade, profession, or particular kind of work. (b) General nature of industry,	Shuester	Now in	ul m	lie
business, or establishment in / which employed (or employer) 9 BIRTHPLACE (State or country)	Lu Duen /	Contributory (Secondary)	Duration) yrs	mos ds.
10 NAME OF FATHER WWC	noun	(Signed) Oho C	Doration yrs	mos ds.
11 BIRTHPLACE OF FATHER (State or country)	nown	*State the DISEASE CAUSING CAUSES, state (1) MEANS OF I	DEATH, or, in den	aths from VIOLENT whether ACCIDEN-
of Mother UU 13 BIRTHPLACE OF MOTHER (State or country) UU UU UU UU UU UU UU UU UU	Main)	18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place	In the	
14 THE ABOVE IS TRUE TO THE BES	ST OF MY KNOWLEDGE	of death yrs mos d Where was disease contracted, If not at place of death? Former or usual residence		rs, ds.
(Address) The	In Thomas	19 PLACE OF BURIAL OR REMA	nd m	TE OF BURIAL
Filed // UN / J , 191,5	ACA REGISTRAR	J. C. Thoma	si dat	tevenoville
lf more blanks are need	ied, address State Registrar, 6	E. Franklin St., Baito., Requesting	V. S. No. 1.	000

[Approved by L. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiishould be taken to report specifically the occupations dutics of the household only (not paid Housekeepers statement. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." injury, as fracture of skuli, and consequences (e. g., which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichaccause. Aiways qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU, V.S.

OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY QUIDNIB 4 LHIS Ü 0 properly AGI Z supplied pe RESERV ADING may ARGIN pe terms, should plain of Information
DEATH is plain
See instructions CAUSE OF I

8

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STATE OF MARYLAND 1 PLACE OF DEATH 3857 CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or Institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h..... alive on (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at ... 1 day,hrs. was as follows 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death State yrs mos. yrs. mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative leaithful-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using diways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "Puerperal septichacsuch, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 da.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ "Contributory." LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. is icss definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock." 'Tracmia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Cheller Ch- Hele (No. 2 FULL NAME And Rebessa	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 25 St.; Ward) Accurred in a hospital or institution, give its NAME instead of afreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 1 DUCK Solution 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913 1913
(Month) (Day) (Year)	that I last saw h allve on Meh 1844, 1913
7 AGE Social Particles If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, prefession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which ampioyed (or amployer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Aluka Andeges Society (Secondary)
10 NAME OF FATHER Little Lordenel	(Signed) (Deration) yrs mos ds. (Signed) Neh / SG 191 3 (Address) Charles - Heil My
OF FATHER (State or country) MUSIC Heyes CO 12 MAIDEN NAME DONG & Dohall 13 BIRTHPLACE OF MOTHER (State or country) July Survey (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos. ds. State yrs, mes. ds.
(Informant) (Address) Clehrulla R. J. S. Filed Mand 2,1913 La Community	Where was disease contracted, If not at place of death? former or usual residence
REGISTRAN To more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MRITE PLAINLY, WITH UNEVE

Every Hem of Informati-

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. applies to each and every person, irrespective of age. tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to "Croup"); brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid (avoid use of Carcin-

> cause of death approved by Committee on Nomenclasepsis, tetanus) such, if impossible to determine definitely. mia," "Puesperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpread septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For viod8.;



WRITE

8. No.

state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH

1 PLACE OF DEATH

3859

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

..Ward)

[If death occurred in a hospital or institution,

	* FULL NAME Benjamin Fro	give its NAME lostead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, OR OLORGEO (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
	(Month) (Day) (Year)	that I last saw h mailye on March 28, 1913.
7 A	6) yrs. 8 mos. 14 ds. OR. min.?	and that death occurred on the date stated above, at 900 m, The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION) Trade, profession, or ricular kind of work	Multal Regungulation (Buration) R yrs. mos. os. Contributory Grapaly
S	10 NAME OF FATHER. Coseph Hartley	(Secondary) (Duration) yrs 2 mos os. (Signed) Andrew E A andrew M. O. (Signed) 1, 101 3. (Address) County land
PARENTS	BIRTHPLACE OF FATHER State or country MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) My the Market		Where was disease contracted, If oot at place of dealh? Former or usual residence
16	(Address) Cumpton Md.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL LINE STORY 20 UNDERTAKER ADDRESS
rii	181	10 11 18 1. 11.21

more blanks are needed, address State Registrar, 6 E. Franklin St., Baito. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal schichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For vio-Ex.



V. S. No. 1.

1 PLACE OF DEATH 3860	STATE OF MARYLAND
Or and I had	CERTIFICATE OF DEATH
Gounty Culturume	Registered No. 254
or a tt.	[It death occurred i
Village or City Fords Store (No.	St; Ward) a hospital or institution
	give its NAME instea of street and number.]
FULL NAME Laura I free	rel
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH TALL IN
MARRIED, WIDOWED,	(Month) (Day) (Year)
Temale white (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Truck 15, 1913, to 191
acg 5, 1912	that I last saw h Docalive on Mich N ,191 3
(Month) (Day) (Year)	
1 dayhrs.	and that death occurred on the date stated above, atm
mos. / O ds. OR min. ?	The CAUSE OF DEATH* was as follows:
OCCUPATION Q	Sudden Theor
(a) Trade, profession, or defection from the particular kind of work	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	.
BIRTHPLACE	Contributory (Secondary)
(State or country) Livels store Fice	(Daration)yrsmosds
10 NAME OF Coalter	(Signed) Weing Heining, M. D
July Juvell	3 /6 , 1913. (Address) Steer nee
11 BIRTHPLACE OF FATHER (State or country)	
u les les	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER WAY THE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	OR RECENT RESIDENTS) At place
(State or country)	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
Martto Wielt	Former or
(Informant) Magnetic	usual residence
(Address) Finals Stove new Texter Ofe	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	7 Fords Hore 2 abo MA 21/6 , 19/3
Filed 3/16 ,1913 Melloons	20 UNDERTAKER ADDRESS
254 Local REGISTRAR	1 /Mommon Succession
If more blanks are needed, address State Registr	ear, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

manaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). _statement. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pheumonia; Bronchopneumonia. ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and quality as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaegenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train—acclis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 1 1918

BUREAU. V. S.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Que Cine	STATE OF MARYLAND CERTIFICATE OF DEATH
County Assistant Citizens	Registration Dist. No. 25
Village or City lear Maydew (No.)	St.; Ward) [If death occurred a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lucal Colored Single, MARRIED, WIDOWED, OROSVORCED (Write the word)	16 DATE OF DEATH 3 - 22 - 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
T - 2 910 (Month) (Day) (Year)	that I last saw he slive on seek 22, 1913
AGE 2 yrs. 8 mos. 20 ds. If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
COCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Mirefung Crys
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Cuelcy Contributory (Secondary) Contributory (Secondary)
10 NAME OF RATHER NOT deepers.	(Signed) Vrs. mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) In the of death yrs, mos, ds, State yrs, mos, ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at placa of death? Former or usual residence
(Address) Faydie hid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed 3/32, 197 / Acal REGISTRAR	los of Courses

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. Ex injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con thonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritia nant ncopiesms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably oma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1913
BURBAU. V. S.

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1 PLACE OF DEATH 3862	STATE OF MARYLAND
County Lucen armes	CERTIFICATE OF DEATH
OIA	Registered No. 2.57
Village or City Sudlessille (No.	St; Ward) [If death occurred in a hospitel or institution, give its NAME instead of street and number.]
FULL NAME GENERAL COMP	M formours
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While: 5 single, MARRIED, WIDWED, ORDIVORCED (Write the word)	18 DATE OF DEATH 3 22, 1913 (Month) (Day) (Year)
BDATE OF BIRTH march 28th 1904	17 I HEREBY CERTIFY, That I attended deceased from 3-10-, 1913, to 3-22-, 1913,
(Month) (Day) (Year) 7 AGE If LESS than	C.
TAGE If LESS than f day,hrs.	and that death occurred on the date stated above, at / m, The CAUSE OF DEATH * was as follows:
8 yrs. / mos. 2 ds. or min.?	THE CAUSE OF DEATH * Was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Typherd FEW
(b) General nature of industry, business, or establishment in	(Duration) - 18 t
which employed (or employer)	(Duration) , yrs. mos. B ds.
BIRTHPLACE (State or country)	Gontributory (Secondary)
10 NAME OF)	(Ouration) yrs mos / ds.
FATHER ///	(Signed) M. D.
FATHER M. Johnson	2-11- 8: 16 -101
of Maintenance	3-12-, 1913. (Address) Suelles with In
of Maintenance	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OFFATHER (State or country) In any land 12 MAIDEN NAME OF MOTHER Bessil May Price 13 BIRTHPLACE OF MOTHER (State or country) In any land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
11 BIRTHPLACE OFFATHER (State or country) In any land 12 MAIDEN NAME OF MOTHER Bessil May Price 13 BIRTHPLACE OF MOTHER (State or country) In any land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death
11 BIRTHPLACE OFFATHER (State or country) I and and OF MOTHER OF MOTHER (State or country) I and Land 13 BIRTHPLACE OF MOTHER (State or country) I and Land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Athan A CANDERS (Address)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where wes disease contracted, if not at place of death? Former or usual residence.
11 BIRTHPLACE OFFATHER OF MOTHER BESSIE MAY Price 13 BIRTHPLACE OF MOTHER BESSIE MAY Price 14 THE ABOVE IS TRUE TO THE BESS OF MY KNOWLEDGE (Informant) Athan A	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds. Where wes disease contracted, if not at place of death? Former or usual residence.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers material worked on may form part of the second Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease, "Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failuré," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train—acciaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for madig oma. Sarcoma. etc., of The contributory Always qualify ail diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can; death), 29 ds.;



PHYSICIANS PERMANENT classified. properly pe UNFADING may 80 plain

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OCCUPATION

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. lif death occurred in (No .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WICOWEO. (Month) OR OIVORCEO
(Write the word) ! HEREBY CERTIFY, That ! attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease confracted, If not at place of death?.

REGISTRAR

Former or usual residence.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

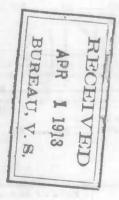
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[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers tication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many CAUSING DEATH, state occupation at heginning of ili-Servant. Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumoula," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLACE OF DEATH 3864	STATE OF MARYLAND
Co	unty Julen Chins	CERTIFICATE OF DEATH
	0	Registration Dist, No. 252
Vi	liage or City Burrisville (No.	St: Ward) [If death occurred in
	10 011	give its NAME instead
	2 FULL NAME Learge Upres	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S E	MARRIED, WIDDWED,	16 DATE OF DEATH MAY 15, 1913 (Month) (Day) (Year)
M	ale While (Write the word)	(Month) (Day) (Year) LHEREBY CERTIFY, 10 I attended deceased from
8 DA	TE OF BIRTH	Mr 7 , 1913, to Mr 15, 1913,
	(Mooth) (Day) (Year)	that I last saw harm alive on Mor 14 1913
7 AG		and that death occurred on the date stated above, at
	1 day,hrs. ORmin.?	The CAUSE OF DEATH * was as follows:
	CUPATION Watch & Clock	Trion Ominion
	Trade, profession, of Colemna licular kind of work Colemna licular kind of work	
	General nature of Industry, ness, or establishment in	(Austina)
whie	h employed (or employer)	Gontributory (Duration) yrs. mos. ds.
9 BI (St	ate or country) Julean and for	(Secondary) (Duration) yrs mas de
	10 NAME OF FATHER SONIAL & Knich	(Signed) This Thirty H.
NTS	11 BIRTHPLACE OF FATHER	2/19 3, 191 (Address) Contrabille Mac
AREN	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Jack C. Summas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
_ (Interment, Sand J. Rungh	Former or usual residence.
Ri	(Address) Contreville MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	3/-0 13 18 9	Centreville Md Mer 16, 1813
File	13/15 19 Caffurner Goal REGISTRAR	los 4 Dawnon Centrale
	If more bianks are needed, address State Regis trar, 6	Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The material records. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman. As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing diways the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Potsoned which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cblldbirth or miscarriage, as "Purrpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," '(raemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion, __ (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all qoretions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1913 BURE U.V.S. MARGIN RESERVED FOR BINDING

V. B. No. 1.

N. B.—Every Item of Information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Hellen House Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 251
Village or City Duesch Helpo 2 FULL NAME DOWN Buchs	St.; Ward) St.; Ward) I death occurred in a hospitsi or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH PLOS TWO (Month) (Day) (Year)
G DATE OF BIRTH September 26th, 1856 (Month) (Day) (Year)	that I last saw be alive on Reh 9 th, 1913.
TAGE If LESS than 1 day,hrs. yrs. J. mos. ds. ormin.?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: '
psrticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Melsal reside Contributory Melsal reside Contributory
10 NAME OF SUCES Prosedeth	(Signed) P. Derdo, M. D. (Address) Clock Res.
11 BIRTHPLACE OF FATUER (State or country) Selle Heads Co 12 MAIDEN NAME Composed OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Sclede Heave Co	OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disesse contracted.
(Interment) The True to the Best of MY KNOWLEDGE)	It not at place of death? Sermer or usual yesidence.
(Address) the sh- will the	Ones Nee Ceuch Date of Burial 20 UNDERTAKER ADDRESS
Filed	A Brown Church Kiel

BTTHEK MILH THEE.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should he used only when needed. As examples: the nature of the husiness or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekccpers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonla"); Lobar pneumonia; Bronchopneumonia time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cercbrospinal ("Pneumonla," Statement of cause of death-Name, first, the DISEASE Typhoid fover unqualified, is indefinite); Tubercu-(never report "Typhold

WAS LE

- Ingrano and Tay Page 1

cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "Puerpebal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephrais. A ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. genitai," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Christian LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 oma. Sarcoma, etc., of is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting "Senile," etc.), may he stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report

tions answered in detail, it will prevent further correspondthe certificate is permanently fied. If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



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V. S. No. 1.

N. B.

	PLACE OF DEATH 3866	STATE OF MARYLAND
		CERTIFICATE OF DEATH
C	ounty All All Anna	Parliamenta Dia a 237
	1 1 - 101	Registration Dist. No. 23 2
,	Village or City TONE MAL(No.	St.; Ward) [If death occurred in a hospital or institution,
	1 1 4	give its NAME Instead
	SELLI MANE Serverel 7/1	of street and number.]
-	FULL NAME Springer	Harrist Harris
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	EX 4 COLOR OR RACE 5 SINGLE, Sungle	16 DATE OF DEATH 3 - 2.0-10.3
	MIDOWED,	(Month) (Day) (Year)
1	Male Black (Write the word)	17 HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH	Mich. 20, 191 to Mich 20, 1913.
	(Month) (Day) (Year)	that I last saw h 144 gallye on with 20 1913
7	GE If LESS than	
	1 day,hrs.	and that death occurred on the date stated above, at
a	July 4 2 yrs. mos. ds. ORmin.?	, was as follows:
	OCCUPATION Laborer in ship	
	a) Trade, protession, or articular kind of work	1 Marries Al Aliverte
. (1	General nature of Industry,	
bu	siness, or establishment in hich employed (or employer)	(Duration) 2 yrs. mos ds.
-	SIRTHPLACE A	Contributory
(State or country)	(Secondary)
-	10 NAME OF	(Ouration) yrs mes ds.
	FATHER KOMPANY STATES	(Signed) W. J. Week, M. J.
S	11 BIRTHPLACE	They Ze1913. (Address)
ARENTS	OF FATHER (State or country)	
S E	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Mangaret Warah	-18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTION
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	(State or country) Jusen Roma la	of death yrs mos ds. State yrs mos ds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Wesley Sowell	Former or
	(Informant)	usual residence
	(Address) Hatradena Allah	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	1 1 2	Hope Md Mar 22,1913
	11ed 3/20 1913 Marsherner	20 UNDERTAKER ADDRESS
	Slevent REGISTRAR	los. y howard to
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Bálto., Requesting V. S. No. 1.
		ma

[Approved by U. S. Census and American Public Genith Association.]

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Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever, (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, persionacum, etc... Carcin-

cblldbirth or miscarriage. as "Puerperal scottchac. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vromia," "Tuerperal peritonitis," etc. etc., when a definite disease can he ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ampie: Measles (disease causing death), 29 cs.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephants nant neopiasms); Measles; Whooping cough; Chinak zer" is iess definite; avoid use of "Tumor" for mails: oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



OCCUPATION RECORD PERMANENT may pla OE See CAUSE OF Important. m

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Iff death occurred in ..Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SSINGLE, Jun March - 13 3 SEX 4 COLOR OR RACE WIDOWEO, (Month) (Dav) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH no-(Day) (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at f day,hrs. The CAUSE OF DEATH * was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or amployar) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER Marchily S 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs. mos. Where was disease contracted. If not at placa of death? Former or usual rasidence. 16 20 UNDERTAKER ADDRESS more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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No.

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PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classifled. should AGE supplied. may CAUSE OF Important. S 1 PLACE OF DEATH

3868



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred to a hospital or institution, give its NAME Instead of street and number.]

FULL NAME	none
I OLL ITAMIL	

	PERSONAL AND STATISTICAL PARTICULARS	ME
3 SE	4 COLOR OR RACE MARRIED WIOOWED, OROIVORCED (Write the word)	18 DATE OF DEAT
6 p	ATE OF BIRTH	17
	(Month) (Day) (Year)	that I last saw h
TAG	They three mouth 1 day, hrs.	and that death occ
(a) pai (b)	CCUPATION Trade, protession, or ricidiar kind of work General nature of industry, iness, or establishment in	
9 8	RTHPLACE tate or country)	Contributory (Secondary)
	10 NAME OF FATHER MIKMANINE	(Signed)
RENTS	OF FATHER (State or country) 12 MAIDEN NAME	*State the DISI CAUSES, state (1 TAL, SUICIDAL, or
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RE OR RECENT RESIG At place of death yrs
	(Informant). The BEST OF MY KNOWLEDGE	Where was disease con if not at place of death Former or usual residence
	(Address) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19 PLACE OF BUR
16 Fi	ed 3/9 1913 Local #254	20 UNDERTAKER,

MEDI	CAL CERTIFIC	ATE OF	EATH	
18 DATE OF DEATH	mar		2	, 1913
		onth)	(Day)	(Year)
17 I HER	EBY CERTIFY,	That I at	tended dec	eased from
••••••••••••	, 191, to		*****************	191
that I last saw h	alive on	•••••	•••••	, 191
and that death occurr	ed on the date	stated ab	ove, at	m
The CAUSE OF DEAT				
	I man		jan	· · · · · · · ·
	MOVE.	<u>u</u>	pare	***

***************************************	(Durati	on)	yrsm	os ds
Contributory(Secondary)	700000000000000000000000000000000000000		• • • • • • • • • • • • • • • • • • • •	•••••••••••
·····	(Dyrat	Ton)	Dyrs m	08,ds
(Signed)	unille	17/1	04	
//-	3. (Address)	rella	uffan	, M. D
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, or H	MEANS OF INJUI	rn, or, in av; and (deaths from 2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDEN	DENCE (FOR HOS	PITALS. IN	STITUTIONS,	TRANSIENTS
At place		In the		
ot death yrs		State	. yrs 1	nos ds
if not at place of death?		************	***************************************	***************************************
Former or				

IAL OR REMOVAL

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

DATE OF BURIAL

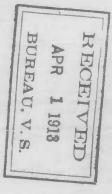
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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	1 PLACE OF DEATH	869	STATE OF MARYLAND
	ounty flether access		CERTIFICATE OF DEATH
C	Juney of Market Medical Market Comments		Registration Dist. No. 250
	Barren .		
Y	illage or City Mas Sall Late ty (P	νο	St.; Ward) a hospital or institution give its NAME instead
	* FULL NAME ENLYSS	Mon	uplace [WW P) street and oumber.]
	PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, S	1110	16 DATE OF DEATH 3 - 181-1913
4	WID WED, OROLOGOED (Write the wol	76	(Month) (Day) (Year)
6 p	ATE OF BIRTH	/	17 I HEREBY CERTIFY, That I attanded deceased from
	3-14	-18/3	, [91, to, 191,
	(Month) (Day)	(Year)	that I last saw harman alive on
TAC	ie in the second of the second	If LESS than 1 day hrs.	and that death occurred on the date stated above, atm,
	yrsmosds.		The CAUSE OF DEATH* was as follows:
	CCUPATION		Jule-hoth
	Trade, protession, er tlcular kind et work	0700000440000074+004040000000000	***************************************
	General nature of industry,		
	ness, or establishmeet in		(Duration) yrs. mos. ds.
9 BI	Atte or country)	us	(Secondary)
	10 NAME OF STATHER		(Duration)), yrs: moa. ds.
	Inllacer 1: Those	· procs	(Signed), M. O.
TTS	11 BIRTHPLACE (OF FATHER (State or country) Malistan		5- 7, 191.5. (Address) Juliup Mullel
ARENT	12 MAIDEN NAME OF MOTHER	eg .	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0.	Mariely Vecto		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Males Car	ed	At place In the ot desth yrs mos ds. State yrs mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOW	LEDGE	Where was disease contracted, If not at place of death?
(Informant) I'M J' Ware for	pu	Former or usual residence.
	(Address) Baralay Mc	P	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	mar 15,1913 RH Phi	clifis	20 UN DERTAKER, ADDRESS
	local	REGISTRAR	168 Mison Banley
	If more blanks are needed, address	State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

gainfully employed, as At school or At home. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasents); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies

such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral scptichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Measles (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: de:



PHYSICIANS should of OCCUPATION is RECORD se carefully supplied. AGE should be stated EXACTLY. so that it may be properly classified. Exact statement PERMANENT BINDING INK-THIS RESERVED UNFADING See instructions on back of MARGIN PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in piain terms, so important. See instructions on back o S. No.

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Co	unty Queen anne	CERTIFICATE OF DEATH
00	8.	Registration Dist, No 25'2
Vil	lage or City Centreville (No.	St.; Ward) [It death occurred to a hospital or Institution, give its NAME instead
	FULL NAME anna. B.	Watson! give its name instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	emale white 5 single, married wipower, or oppose or (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	July 1917 to Mch 20, 1913
	(Month) (Day (Year)	that I last saw has alive on Met 19 1913
7 A		and that death occurred on the date stated above, at 7.15. A. m
E	5/ yrs 5 mos 8 ds OR min.?	The CAUSE OF DEATH* was as follows:
(a)	OCCUPATION) Trade, protession, or ricular kind of work	Caremona A Panember Glaus
bus	iness, or establishment in	(Duration) $\widehat{\mathcal{J}}$ yrs. mos. ds
9 BI	(State or country) Cake line Co. m. A.	Secondary The Cultivinia
	10 NAME OF Bryan	(Signed) (Signed) , M. D
PARENTS	11 BIRTHPLACE OF FATHER (State or country and line Co., Ind.,	*State the DISEASE CAUSING DEATH OF In deaths from Violence
PARE	12 MAIDEN NAME OF MOTHER (Accessed Q. Longe	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) aroline Co., Ind.	At place in the ot death yrs mos ds. State yrs mos ds
(Informant) IN F. Watson Husband)		Where was disease contracted, It not at place of death? Former or usual residence
16	(Address) Centrewelle and,	19 PLACE OF BURIAL OR REMOVAL IN DATE OF BURIAL Water S Brown Cuntry 3 22 1913
FII	ed 3-22-,181 Mayberner Sucal REGISTRAR	20 UNGERTAKER RUNIUS ADDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

3870

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronica. oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



7. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH 3871	STATE OF MARYLAND
C	sunty Queen amis	CERTIFICATE OF DEATH
C		Registration Dist. No. 253
V	illage or City Messely (No.)	St.; Ward) [If death occurred to a hospital or institution, give its NAME lostead of street and number.]
==	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_	Discolation of the second of t	16 DATE OF DEATH
3 SE	MARIE, WIDOWED, WIDOWED, OW O'NOVECED (Write the word)	(Month) (Day) (Year)
5-7	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Oct 8 ,19/2	, 191, to
7	(Month) (Day) (Year) If LESS than	that I isst saw halive on
7 AC	1 day,hrs.	and that death occurred on the date stated above, atm,
	yrs. 4 mos. 2 5 ds. ORmlo.?	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or Sandarah	16 Do Clor mattendance
	dicular kind of work Angal Co	Delicate from Birth
busi	ness, or establishment in ch employed (or employer)	(Ouration)mosds.
	RTHPLACE (at & or country)	Contributory (Secondary)
	10 NAME OF PARENCE White	(Signed) F. C. Thomas docal P. g.
NTS	11 BIRTHPLACE OF FATHER (State or country) Marilland	State the DISEASE CAUSING DEATH, OF In deaths from The
PARENT	12 MAIDEN NAME OF MOTHER WATER TO STURBOWN	*State the DISEASE CAUSING DEATH, or, in deaths from VICENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Balkinore md	At place in the of death yrs mos ds. State yrs mos ds.
14 _T	HE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Clarence Mile	Former or osual residence
	(Address). Chester, Mid.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FIII	Mar. 4 1913 F. C. Thomas	29 UNDERTAKER APPRESS
1110	Locul REGISTRAR	J. C. Thomas & steveneville
	If more blanks are needed, address State Registr	ar. 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc., Carcin-

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PHYSICIANS should state of OCCUPATION Is very

Exact statement

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AGE

carefully supplied. certificate. that It

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See instructions on back DEATH in plain terms.

Every item of information should GAUSE OF DEATH in plain terms important. See instructions on bac

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RECORD

PERMANENT stated EXACTLY. 1 PLACE OF DEATH

3872

County Queen anne -



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.25

Village or City hear Jentevelle (No	St.; Ward) [If death occurred I a hospital or lostitution give its NAME lostes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Ward 30 , 1913 (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH March 30 1913 (Month) (Day) (Year)	Mml-30-, 1913, to Mml-3c-, 1915 that I last saw h alive on 191
7 AGE 0 0 mos. 0 ds. 1f LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at P. m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	(Buration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER W. Wickins 11 BIRTHPLACE OF FATHER (State or country) Queen and C. Ind.	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Centreville IIId	1º PLACE OF BURIAL OR REMOVAL Laken Farm (Truste) Mars 19 3

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicausing death, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Houscwife, Houscwork, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrowle ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

